

patient), is to treat symptoms. When the disease commences with symptoms of congestion, purgatives, and the frequent application of leeches to the anus, constitute the safest treatment. A seton or issue in the back of the neck has been found serviceable in a more advanced stage. In the atonic form of the disease, we may do temporary good by mildly nourishing food and tonics.

"The paralysis dependent on softening is never relieved by external applications or by strychnine."

We return our thanks to Dr. Day for his practical treatise on the domestic management, and most important diseases of advanced life. It cannot fail to prove a useful addition to the libraries of the student and practitioner. He has collected on these subjects much valuable matter. Some of the subjects treated of will demand a more extended investigation; and to place at the command of such, as may have the disposition and opportunity to complete what the author has so ably sketched out, the labours of those who have preceded him in the same field, he has appended a tolerably full bibliography.

The object of the appendix is to assist in extending the use of a form of counter-irritation, which he has found of the greatest value in his own practice, and which is comparatively unknown to the great mass of the profession. It consists essentially in the instantaneous application of a flat iron button, gently heated in a spirit lamp, to the skin—an operation completed in a few seconds, productive of little or no pain, immediate in its effects, and altogether incapable of injuring the patient. The cases given in illustration of the effects of this means of counter-irritation, in lumbago and other forms of chronic rheumatism, sciatica and other neuralgic affections, and certain forms of paralysis, will be read with interest.

D. F. C.

ART. XXIV.—*Parturition, and the Principles and Practice of Obstetrics.* By W. TYLER SMITH, M.D., Lond.; Lecturer on Obstetrics in the Hunterian School of Medicine. 12mo. pp. 305. Lea & Blanchard: 1849.

THE medical press has been so prolific, of late years, in works on the principles and practice of obstetrics, that it seems difficult to conceive of the existence of any possible demand for a new publication on the same subject. Numerous, however, and excellent as are the obstetrical treatises that have appeared within a comparatively short period, we are still persuaded that the lectures of Dr. Smith will meet with a favourable reception, and, though they are not adapted to supersede the standard works already in our possession, they will, nevertheless, be found an interesting and valuable addition to the library of the obstetrician.

There is an originality in the manner in which the several subjects embraced in these lectures are treated. In his attempt to elucidate and establish the physiology of the uterus and its appendages, the author has laid the basis for a radical reform in the principles of obstetrics, that will banish much of the empiricism which has heretofore marked its practice, and aid, effectually, in elevating what has been too often regarded as an art to the rank of a science.

The views advanced in these lectures, based upon the doctrine of the reflex action of the womb and its appendages, may not in every instance stand the test of future investigation. Some, we admit, bear the marks rather of hypothesis than of cautious deductions from well-established facts; still, the work of Dr. Smith will, we are persuaded, have a beneficial tendency upon the principles and practice of obstetrics, by prompting renewed inquiry into the true physiology of parturition—correcting the mere mechanical notions that are prevalent in relation to the process, by the discovery of the laws which govern the actions of the uterus as a part of the living organism—the source from whence it derives its power, and by which it is prompted to act under its appropriate stimuli.

The first, or introductory, lecture of Dr. Smith presents a comparison between British and continental obstetric medicine. It contains many just observations, and many to the correctness of which we cannot give our entire

assent. There may be, generally speaking, too great a fondness for operative midwifery on the part of the continental accoucheurs, but we are convinced that the rules which govern them in the application of the forceps, even though it may lead to a too frequent application of these instruments, will still be found safer for both mother and child than those adopted by the generality of the British practitioners. The author has included American midwifery in his general censure of that of France. A reference to a correct series of obstetrical statistics would prove how little the censure on the accoucheurs of this country is merited.

The second lecture treats of what the author denominates the three leading ideas which obstetrics, as it exists at the present time, reveals to us, with more or less distinctness, and around which many lesser ideas have ranged themselves in the advance of this department of knowledge.

These primary or leading ideas may be termed Development (of the embryo), Mechanism (of labour), and Motor action (of the uterus). "We may trace the idea of *Development* up to Harvey; that of *Mechanism* to Chamberlen and Roonhuysen; and the last idea—that which I have called *Motor action*—belongs preëminently, in its distinct form, to William Hunter."

The lecture closes with a sketch of the progress of the *nervi-motor* physiology of parturition up to the present time.

In the third lecture, are examined the different forms of motor action observed in human parturition—volition, emotion, reflex action, and peristaltic action, or contraction from the irritability of the uterine muscular fibre.

"The phenomena of labour, and the great majority of the accidents and complications of childbirth and the puerperal period," are according to the lecturer, "*nervi-motor*"; hence, a definite knowledge of motor action in general, and particularly of the uterus and its associated organs, is of the first importance to the scientific accoucheur."

The subject of the fourth lecture is the *nervi-motor* action of the Fallopian tubes in menstruation, coitus, conception, and parturition; and the *nervi-motor* actions of the vagina in the unimpregnated and parturient states; while, in the fifth lecture, are described the nerves of the uterine system, and the growth of the uterine nerves during utero-gestation.

The whole of the subjects included in the first five lectures are treated of with great ability, and the author's exposition of them demands a close and candid examination. A digest of the views presented would scarcely enable our readers fully to appreciate their value, nor would it give anything like a fair exposition of the manner in which the lecturer has presented and illustrated them.

"Parturition," remarks Dr. Smith, "is not one reflex act, but a function, the combined result of many such actions, aided by other powers; and we must study the preliminary phenomena, the different stages of the process, and the final accomplishment of the function; when we shall find that Nature has at her disposal a wonderful succession of stimulus and action, exactly adapted to the dilatation of the os uteri and vagina, the propulsion and expulsion of the fœtus; and providing, also, for the safe contraction of the uterus, and its return to the unimpregnated state.

"The uterus, as a motor organ, stands alone in many respects. Unlike the rectum and bladder, it is not directly influenced by volition: and unlike the heart, it is extremely prone to reflex action: it more nearly resembles the œsophagus, which is influenced by the will, but it is endowed with reflex, motor, and peristaltic action. It, however, differs from the œsophagus in the great number of excitor surfaces with which the spinal system places it in relation; neither is there any other organ—not even the stomach—which acts as a spinal excitor to so great a number of organs as the uterus and its excitor nerves, whether we consider it in the impregnated or in the unimpregnated states. Hence the physiological necessity for the abundance of nerves recently discovered.

"Besides, the reflex action of the spinal marrow, and its system of excitor and motor nerves, there is the direct action of the spinal marrow—though this does not play the important part assigned to it by M. Serres, Brachet, and

Segalas—in which the central organ meets its motor nerves, to the exclusion of the exciters, are involved. The state of the circulation affects all the motor organs under the control of the spinal marrow; and they act with increased energy when the circulation is either plethoric or anæmic, though in the latter, exhaustion of the nervous energy quietly ensues. Thus, there is one puerperal convulsion of hemorrhage, when the heart and blood-vessels have been drained of blood, and another of fullness of the circulation. Want and excess of blood, or *materies morbi* in the circulation, act as direct stimuli to the spinal centre, and thus the state of the circulation materially affects the uterus during labour. There are also certain agents of the *materia medica* which, taken into the circulation, affect the spinal marrow. Thus the ergot of rye, passing into the blood, affects the uterus by a direct spinal action; so does strychnia; so does the inhalation of carbonic acid; and so, I believe, does *ipecacuanha*, the influence of which, in producing uterine contraction, is very remarkable. Savine, aloes, alcohol, and the biborate of soda may probably be added to the same list."

The remarks of the lecturer on the peristaltic or immediate action of the uterus are particularly interesting.

In the sixth lecture, we have a beautiful exposition of the ovular or ovarian theory of menstruation. The analogy between menstruation, oestruation, and the oviposition of birds, insects, amphibia, and fishes, is examined, and the true nature of menstruation pointed out. The lecture closes with some judicious remarks on the diseases of menstruation, sterility, amenorrhœa, dysmenorrhœa, and ovarian convulsion, hysteria, and epilepsy.

We present the views of the lecturer, in regard to the cause—so little heretofore understood—of dysmenorrhœa.

"In dysmenorrhœa, or painful menstruation, the greater portion of the pain consists, I am convinced, of ovarialgia; the deep lumbar pain is decidedly ovarian, and not uterine. Many women suffer so much lumbar pain at each menstrual period, that it resembles, and, indeed, almost amounts to, a monthly attack of ovaritis. Almost all women in the better classes suffer so much pain and disturbance from menstruation, that we may almost venture to say menstruation, like parturition, lies in debatable ground, between physiology and pathology. Part of the pain of dysmenorrhœa, then, is ovarian, and that which is uterine, is often symptomatic of ovarian disorder. In dysmenorrhœa, there is doubtless a pathological state of the uterus induced; but there would be no uterine excitement without the previous excitement of the ovary. On the other hand, there are patients in whom the uterus is wanting, from congenital deficiency, who suffer all the ovarian pain of dysmenorrhœa. Uterine disturbance must be considered as a secondary condition—an aggravated symptom of ovarian excitement in painful menstruation. Of one part of the uterine pain of dysmenorrhœa, I have a word to say—I mean that which women call the bearing down pain, and of which they complain so much, from the pubes downward to the knees. This bearing down I believe to be a tenesmus of the os and cervix uteri; it is most frequent and severe in women who have borne children, and in whom the os and cervix have been developed. I have before directed attention to the points of similarity between the healthy actions of the various sphincteric muscles—you will find the pathological analogies equally interesting. The tenesmus uteri is analogous to the tenesmus of the bowel, or the tenesmus of the bladder. These spasmodic affections of the outlets of the sexual, urinary, and intestinal canals, are comparable with many other spasmodic symptoms. Thus the globus hystericus, or pharyngismus, is a contraction of the pharynx, and the laryngismus affecting the larynx, and the form of cardialgia dependent on contraction of the cardia, are analogous affections of the respiratory and digestive tubes. Of course, where there is disease of the os and cervix, the tenesmus uteri will be more distressing than usual, and will often require the chief part of our treatment; yet the ovarian excitement in the background must not be forgotten. I am decidedly opposed to the view that dysmenorrhœa is *caused*, in the majority of cases, by chronic inflammation of the os and cervix uteri. The relation between dysmenorrhœa and inflammation of the os uteri is generally one of coincidence, not of causation; nay, it is

often a symptom induced by ovarian irritation, a symptom requiring palliation, but the relief of which by no means constitutes the whole of our treatment. Let any one who believes in the merely uterine theory of dysmenorrhœa closely examine the nature and seat of the pain; he will speedily be obliged to recognize the paramount influence of the ovaria. Of course, wherever there is inflammatory action of the os and cervix, the inflammation will be rekindled at every menstrual period, and constitute a variety of painful menstruation; what I am contending against is, the too exclusive attention of the practitioner to this superficial form of dysmenorrhœa."

The seventh lecture treats of the principal motor phenomena of pregnancy. In connection with this subject, the lecturer offers what he believes to be an elucidation of the real nature of the movements generally considered to belong to the fœtus.

These movements he does not believe to belong to the fœtus, but to be true peristaltic movements of the uterus. The reasons he offers for rejecting the generally received opinion in regard to their cause, must certainly be considered as conclusive. The very idea of the fœtus in utero producing them by any sudden change in its position, or by a sudden extension of its limbs, has long seemed to us so perfectly absurd, that we feel surprised to find any intelligent accoucheur of the present day continuing to sanction it; and when we come to examine into the circumstances under which the movements in question often occur, every one must be convinced of the impossibility of their being produced by muscular movements on the part of the fœtus; the explanation of the lecturer is highly plausible, and we are inclined to the opinion that it will be found, upon examination, to be the correct one.

The subject of the next lecture is an inquiry into the cause of labour. After stating very fully the difficulties by which this inquiry is attended, the author proceeds to show, by a series of arguments, drawn from comparative physiology, that ovarian excitement is the law of parturition in all its forms of ovi-expulsion.

"There is," according to the lecturer, "a strict analogy between all the acts of the female generative organs—namely, coitus, oestruation, menstruation, conception, and parturition. Coitus and the sexual orgasm are merely incitements to the fruitful performance of the other acts of generation. The rest—oestruation, oviposition, menstruation, conception, and parturition—are only so many varieties of fertile or unfertile ovi-expulsion, and are convertible one into the other."

"Parturition," the lecturer insists, "does not merely occur at what would otherwise be a menstrual period, but is *essentially a menstrual period*."

"In menstruation, a small synergic and reflex arc is described between the ovaria and the Fallopian tubes; in parturition, a larger arc is in operation, extending from the ovaria to the uterus. At the time of ordinary menstruation, the ovarian irritation, which excites the contraction and rigidity of the Fallopian tubes, is manifest. Throughout utero-gestation, the ovarian excitement returns in a slight degree at each periodic date; but at the eleventh period after conception (reckoning the last catamenial period inclusively), the ovarian excitement returns in full force, and, as a consequence, the uterine excitability, and the uterine actions of labour begin."

In this lecture, Dr. Smith presents his objections to anæsthesia, as a means of suspending the pains of labour. He contends for the morality of pain, and insists upon the impropriety of etherization, independently of the risk attending it, in consequence of the sexual orgasm under its use being substituted for the natural throes of parturition.

The ninth lecture treats of abortion as a branch of spinal pathology; we cannot enter upon a notice of the important ideas advanced by our author in relation to this subject. The causation of abortion, admitting the doctrine of the reflex character of the uterine actions to be correct, is cleared of many of the difficulties with which it is surrounded, by the views that are generally entertained in relation to it.

The ensuing lecture on the prevention and treatment of abortion is replete with sound practical hints.

The eleventh lecture describes the physiological stages of labour. The reader will be repaid for an attentive perusal of this lecture, by the novel and interesting views presented by the author, who has endeavoured to elevate the entire process of labour from a series of mere mechanical efforts, in which light it is even now too commonly viewed, to the rank of a succession of vital actions, having for their object the safe expulsion of the mature fetus. This sketch of the physiology of the pain of labour is highly interesting.

The next lecture is devoted to a consideration of the subject of periodicity, in reference to the functions of the female reproductive organs. The views advanced by our author in reference to it are original, and though purely hypothetical, have great plausibility. They must be carefully studied in order to be understood and appreciated. A general idea of the leading doctrine of the lecturer may be acquired from the following general summary:

"The different organs of the reproductive system affect each other in a special and peculiar manner, in the causation of their periodic phenomena. The ovaria are the organs in which, during the continuance of the catamenia, the periodicities are most distinctly manifested, though these organs doubtless derive their periodic energies through the medium of the nervous system. We also know that the ovarian periodicity is specially modified by the condition of the breasts and the uterus. There is a remarkable synergic balance preserved between the three great organs of the sexual system—namely, the uterus, mammae, and ovaria. In the virgin state, the condition of the ovaria, at each ovarian periodic excitement, excites the uterus to secrete the catamenial flow. When impregnation has occurred, the changes set up in the uterus during the development of this organ and its contents, react on the ovaria, and interfere with the ovarian periodicities, so that they become masked during the whole term of pregnancy. At the time of parturition, the ovaria and uterus are the seat of a special excitement, and it is this excitement of the uterus and ovaria which excites the mammae to the secretion of milk for the supply of the new-born infant. After delivery, the uterus soon returns to a state of comparative repose; but during lactation, the actions going on in the mammae, like those of the pregnant uterus in ordinary cases, prevent the full development of the ovarian periods. As soon, however, as lactation and the mammary development have ceased, the uterus, breasts, and ovaria, all resume their ordinary periodicity and evolution, and the catamenial flow proceeds regularly until a fresh impregnation occurs. Thus, the catamenial cycle of twenty-eight days is departed from at conception for another cycle—namely, that of gestation, which consists of two hundred and eighty days, or ten lesser cycles. After the completion of gestation, a new cycle is commenced—that of lactation—upon the completion of which the system returns to the simple catamenial cycle. These cyclical and epi-cyclical periods are themselves all included in another great period of development, extending from puberty to the decline of the catamenia."

The subjects of the thirteenth lecture are, the first extra-uterine phenomena of respiration, and the attendant changes in the foetal circulation. Referring the first physiological act of respiration to the impression of the external air upon the excitor nerves of the surface of the body, and especially upon the trifacial, and pointing out the distinction between the regular reflex motor acts of respiration, and those which are of centric spinal origin, and are excited by certain changes induced in the medulla oblongata itself, by various causes, such as excessive abstraction of blood, or the circulation of venous blood only, in the spinal centre, the lecturer proceeds to a consideration of the causes of asphyxia neonatorum, and its treatment before and after birth.

The views of the author are plausible, and his directions for the prevention and removal of asphyxia in the new-born child correct.

In the fourteenth lecture are pointed out the applications of physiology to obstetric pathology and therapeutics. Among the accidents and derangements of labour dependent upon excessive motor power, the lecturer arranges abortion, precipitate labour, rigidity of the os uteri, rupture of the uterus, laceration of the perineum, &c.; excessive after-pains, encysted placenta, inversion of the uterus, hourglass contraction, metastatic pains, and puerperal convulsions; and

among those dependent upon a defect of motor power, he classes uterine inertia, tardy labour, sinking, uterine hemorrhage, placenta prævia, retained placenta, and labour with paralysis. The relation of nervi-motor action to instrumental delivery, and manual operations, is pointed out, and the lecture closes with a new classification of obstetric therapeutics, &c.

The ensuing lecture presents a view of the causes of excessive uterine action, and the means by which we can moderate or remove those unruly efforts of the uterus, and its associated organs, which become so dangerous in their results. The causes of excessive uterine action are, according to the lecturer, ovarian irritation, emotional disturbance, early rupture of the membranes, voluntary efforts, improper position of the patient, premature ossification of the foetal head, deformity of the pelvis, and particular presentations of the child, state of the circulation, and excessive digitation on the part of the accoucheur. The remedies for excessive action, enumerated by the lecturer, are the avoidance of physical and mental excitement, rest, laxatives, warm or opiate enemata, bleeding, nauseants, opium, abdominal bandage, &c. The remarks of the lecturer on the causes and prevention of excessive uterine action are replete with good sense, and will be read with profit by the young obstetrician especially.

The sixteenth lecture is on the cause and prevention of rupture of the uterus, and laceration of the perineum; it is a highly interesting one.

The seventeenth lecture treats of the causes and treatment of rigidity of the uteri, encysted placenta, inversion of the uterus, and after-pains. The views of the author upon these subjects will be found to be truthful, and his practical directions judicious. We present his account of the cause of inversion:—

“From the best consideration I have been able to give the facts of inversion, I am persuaded that it depends in *all* cases mainly upon an *active* condition of the uterus. Where it takes place without any mechanical interference, there can be no doubt of the preternatural and perverted activity of the uterus. But I am convinced, that even in cases where the placenta is attached to the centre of the fundus, and when the cord is drawn through the vagina with any amount of force likely to be exerted by the accoucheur, it is not mere mechanical displacement which produces the accident; but the irritation of the fundus uteri, by traction, excites contraction of the fundus, thus producing that contraction and descent of the fundus uteri, which is the first step of the accident. The common opinion has very naturally arisen, from observing, in some cases, that the fundus uteri, when the placenta is firmly attached, follows the advancing cord, while traction is being used. According to my view, the depression of the fundus uteri, even in these cases, is not a simple yielding of the part, according to mechanical principles, but an active contraction, excited by the irritation of the fundus uteri by the traction of the placenta.

“To pursue the steps by which complete inversion is produced. There is first, cup-like depression of the fundus uteri; coincident with, or immediately following upon this depression, there is hourglass contraction of the body or lower portion of the uterus. The annular contraction of the body of the uterus grasps the introcedent fundus as it would a foreign body, and carries it downward, for expulsion through the os uteri, the os uteri being at this time either in a state of inertia, or actively dilated, just as at the end of the second stage of labour. After the inverted uterus has passed through the dilated os uteri, this part of the organ becomes contracted, preventing reversion from taking place. Thus, there is, first, depression of the fundus uteri, with annular, or hourglass contraction of the body of the uterus, and dilatation of the os uteri. Next, there is intussusception of the fundus by the body of the uterus. Lastly, complete inversion occurs, with contraction of the os uteri upon the inverted organ. The displacement may not be complete; it may, in some cases, stop at intromission; in others, at intussusception, and then return to the natural state; or it may remain intussuscepted.”

A very interesting lecture follows on certain extra-uterine reflex actions of an abnormal character, occurring before, during, and after parturition, as false-labour pains; metastatic pains; affections of the stomach, abdominal muscles, bladder, intestines, heart, larynx, &c. Rigors, diuresis, partial convulsive action, tympanitis, reflex counter-irritation, sensation of draught in the

breasts. The lecture closes with some remarks on the motor actions of the mammae. We recommend an attentive perusal of this lecture; the remarks of the author will be found to point to important practical results.

The nineteenth lecture treats of the natural and morbid conditions of the reflex functions in the infant at the time of birth. The lecturer merely notices the morbus cœrulæus, which, he admits, can hardly be considered as a motor derangement. He refers it entirely to the persistence of the open state of the foramen ovale—a supposition which may be considered as being now entirely repudiated by a chain of most conclusive facts. Tetanus neonatorum is explained by a reference to the reflex function of the spinal marrow: the spinal centre being excited by irritation of the umbilicus, or of the intestinal canal; by the influence of temperature, particularly alternations of temperature; by deficient ventilation, and want of cleanliness. The theory of Dr. Sims, that the disease is produced by pressure of the occipital bone upon the medulla oblongata, during and subsequent to parturition, in consequence of imperfect ossification and articulation of the cranium, is rejected. “Displacements and injuries of the cranial bones,” the author remarks, “if they really do occur, must be as common in this country (England) as in America; whereas, tetanus is extremely rare among us.” But if, as Dr. Sims asserts, he has caused the convulsions immediately to cease by replacing the dislocated occipital bone, the objection of the lecturer falls to the ground.

The all-important subject of puerperal convulsions is considered in the next four lectures. It would lead to a much greater extension of this notice than it was our intention to give to it, were we to enter upon an exposition of the author's views in relation to the pathology of this disease. He refers it entirely to irritation of the excito-motor portion of the spinal marrow, and considers the congestion and effusion in the brain as a consequence rather than as the cause of the convulsions. The opinions expressed in these lectures are replete with interest, and demand a serious consideration, being, as they certainly are, “capable of important practical application in the treatment and prevention of the disease.” The author's remarks on the therapeutics of puerperal convulsions should be carefully studied; we believe that the principles laid down by him will explain some of the discrepancies in the experience of different practitioners as to the results of particular plans of treatment in this affection.

The twenty-fourth lecture is on the causes and treatment of uterine inertia, while in the next two lectures, which complete the series, the management of uterine hemorrhage is considered at some length.

The treatment laid down by the author does not differ essentially from that which would be pursued by every well instructed accoucheur. The merit claimed by him is not for the originating of any new plan for the management of uterine hemorrhage, but for the proper application, according to correct physiologico-therapeutical principles, of the remedies in common use, so as effectually to derive from them, in each case, the desired result—the arrest of the flow of blood.

The lecturer concludes his exposition of the treatment of uterine hemorrhage with the following remarks:

“The methods of obstetrication have been ample enough; but the directions for their selection and combination have been very deficient. You have seen how susceptible all the remedies in this grave and important casualty are of physiological arrangement; how, indeed, the mere touch of physiology has been sufficient to marshal them in something like due order and proportion. It would, I am sure, be impossible to find any subject within the entire range of medicine of equal importance, of which this might be said with more perfect truth.

“Thus you see how profoundly physiology impresses itself upon our therapeutics in the treatment of uterine hemorrhage. It will not do for those who are too idle to study the matter, to say: we will be practical—we will leave the physiology of the question to be decided by others. Physiology protests against being thus postponed; it will not be put off; for it is inseparable from practice. Without a physiological comprehension of the points of treatment, what is likely to happen? In the arrest of hemorrhage, many remedies will probably be tried, either in succession, or in confused combination; but instead of a judicious

combination of the several modes by which uterine contraction may be produced, mechanical means, or reflex or direct actions, will be trusted to alone, in such wise, that, though many remedies appear to be used, only one or two principles, and those, perhaps, not the most important, will be invoked. It is just like the old Mithridatic formulary! Thus, suppose cold applied to the rectum, cold to the abdomen, iced water given the patient to drink, and the child placed at the breast, there is great appearance of activity, but in reality only the reflex action of the uterus has been excited, which would have been equally powerful if only one efficient mode of excitation had been tried. Or again, after one mode of reflex action had been tried in vain, the reflex function being exhausted, it would be only waste of time to endeavour to excite reflex action by applying irritation to other incident nerves; yet this is often done. We do not use *all* the resources which physiology places at our command, unless we call forth, in a dangerous hemorrhage, the reflex spinal action, the direct spinal action, the irritability of the muscular fibre, and apply the mechanical methods of arresting the flow of blood from the uterus. If, for instance, instead of the jumble of reflex actions, we apply alternate heat and cold to the abdominal surface, give a dose of ergot, irritate the uterus through the abdominal parietes, and grasp it with the hands, we apply all the modes of inducing uterine contraction, and we thus get far more than a fourfold increase of contractile power."

In the foregoing notice of Dr. Smith's Lectures, we have attempted nothing more than a brief sketch of their leading contents, and of the general doctrines upon which the lecturer bases his exposition of the cause and process of parturition, and the leading principles and practice of obstetrics. The lectures are confined, strictly speaking, to the physiology, pathology, and therapeutics of the parturient and puerperal states. The anatomical, manual, and instrumental branches of obstetrics are passed over by the author without notice. Limited, however, as is the scope of the work before us, it is particularly rich in original views, judicious suggestions, and sound practical directions. We cannot, it is true, acknowledge the verity of all that the lectures contain in reference to the several subjects of which they treat, nor do we recognize the entire accuracy of all the deductions that are drawn from well established premises. The general principles, however, that are advocated by the author, and his application of these in explanation of the physiology of parturition and obstetrical pathology and therapeutics, are worthy of a close and careful study; Dr. Smith has certainly done more than any writer who has preceded him, in elevating obstetrics to the rank of a science.

D. F. C.

ART. XXV.—*Reports, for 1848, of Institutions for the Insane in the United States:*

- 1st. *Of the McLean Asylum for the Insane, Somerville, Massachusetts.*
- 2d. *The State Lunatic Hospital, Worcester, Massachusetts.*
- 3d. *The Boston Lunatic Hospital, South Boston, Massachusetts.*
- 4th. *The Butler Hospital for the Insane, Providence, Rhode Island.*
- 5th. *The State Lunatic Asylum, Utica, New York.*
- 6th. *The State Lunatic Asylum, Trenton, New Jersey.*
- 7th. *The Pennsylvania Hospital for the Insane, near Philadelphia, Pa.*
- 8th. *The Western Asylum, Staunton, Virginia.*
- 9th. *The Hospital for the Insane, Indianapolis, Indiana.*

1st. From the report of Dr. Bell, we obtain the following *résumé* of the medical history of the McLean Asylum during the past year:—

	Males.	Females.	Total.
Patients in the asylum, beginning of the year	93	80	173
“ admitted during the year	71	72	143
Whole number	164	152	316
Discharged	87	48	155
Remaining at the end of the year	77	84	161